

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 FEB 21 AM 9:25**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Northam  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **S63318** (7)  
 1. Corporation Name  
**SBL LEASING CORP.**

Principal Place of Business Mailing Address

**70 GRAND AVENUE  
 C/O MYRON ROSNER, ESQ.  
 RIVER EDGE NJ 07661  
 US**

**70 GRAND AVENUE  
 C/O MYRON ROSNER, ESQ.  
 RIVEREDGE NJ 07661  
 US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report

**07/01/1991** **05/01/1994**

4. FEI Number Applied For

**65-0343250** Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City B5 FL B6 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *A. Curtis Cooke* DATE: *2/15/95*

(Sign and print or printed name of registered agent and file if applicable) (NOTE: Registered Agent signature required when recertifying)

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	RUSSELL, BERRIE
STREET ADDRESS	111 BAUER DRIVE
CITY - ST - ZIP	OAKLAND NJ
TITLE	VSD
NAME	COOKE, A. CURTS
STREET ADDRESS	111 BAUER DRIVE
CITY - ST - ZIP	OAKLAND NJ
TITLE	AVD
NAME	ROSNER, MYRON
STREET ADDRESS	70 GRAND AVE.
CITY - ST - ZIP	RIVER EDGE NJ
TITLE	AVD
NAME	COWEN, ROB
STREET ADDRESS	70 GRAND AVE.
CITY - ST - ZIP	RIVER EDGE NJ
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *A. Curtis Cooke* DATE: *2/15/95*

(Sign and print or printed name of signing officer or director) (Name) (Signature) (Date)